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BULLETIN

OF

National Association for the Study and Prevention of Tuberculosis

Vol. II. SEPTEMBER, 1916. No. 12

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NOTICE TO MEMBERS OF THE NATIONAL ASSOCIATION

Copies of the proceedings of the Twelfth Annual Meeting of The National Association for the Study and Prevention of Tuberculosis will be available for distribution about October 15. Following the plan of last year, the volume can be supplied in either paper or cloth covers. Members of the National Association who desire a copy substantially bound in cloth instead of in paper covers may have it upon payment of 50 cents. Paper-covered copies will be furnished free only to members who have made request for them. Copies of previous Transactions may be purchased by members for 50 cents in paper cover or $1.00 bound in cloth.

The transactions of any of the meetings can be furnished to non-members at $1.00 per volume, bound in paper, or $1.50 per volume, bound in cloth.

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Five Sectional Conferences in October

Anti-tuberculosis workers almost anywhere in the United States will have an opportunity to attend a sectional conference reasonably near at hand during the month of October, since five of these group meetings will be held in various parts of the country. The Mississippi Valley Conference, the first of the series, will meet at Louisville, October 4, 5 and 6; the New England Conference will meet at New Haven on October 12 and 13; and the sectional conference for the Southwestern States at Albuquerque on the same dates. The North Atlantic Conference will meet at Newark on October 20 and 21, and the last of the series, the Southern Conference, at Jackson, Miss., on October 30 and 31.

While none of the programs of these conferences are entirely complete, the present outlook is that in topics to be discussed, the arrangement of the programs, and the speakers selected, the discussions to be presented at the several conferences will be of an unusually high order and will be of a very timely nature to the different sections of the country. A feature of all the programs will be the informal round-table discussions led by experts in various lines. These discussions will make the several conferences virtually institutes in instruction on methods and programs of anti-tuberculosis work.

Mississippi Valley Conference

The outlook for an unusually large attendance at the Mississippi Valley Conference is very bright. Already arrangements are being made for automobile parties from various parts of Illinois, Indiana and Ohio, and the state dinners and luncheons that have been arranged are booking attendance of unprecedented numbers, some of them running over two hundred. The program is probably the most complete and most carefully arranged that the Mississippi Valley Conference has ever produced and is unusually well adapted to this section of the United States.

The most distinctive feature of the program will be its consultation tables or round-tables. There will be thirteen different subjects discussed at these consultation tables, and provision has been made for four different sessions. Each one will be presided over by an expert. The entire thirteen subjects will be taken up simultaneously at each of the four sessions, so that anyone who does not have a chance to get in at a certain group for one session can do it at another. The subjects to be taken up are Organization in Small Communities, Fresh Air Schools, Publicity, Sanatorium Construction, Maintenance of Sanatoria, Small Exhibits, Early Diagnosis, Red Cross Seals, Finance Campaigns, Arousing Small Communities, Arousing Large Communities, Nursing, and Surveys. Among the speakers who will conduct these consultation tables are Miss Grace Osborne, Indianapolis; Dr. William De Kleine, Lansing, Mich.; Dr. Robinson Bosworth, St. Paul; Otto F. Bradley, Milwaukee; Dr. G. L. Bellis, Wauwatosa, Wis.; Dr. O. W. McMichale, Chicago; Walter F. Clowes, Des Monies; A. J. Strawson, Indianapolis; Miss Harriet Fulmer, Chicago; A. W. Jones, Jr., St. Louis; Miss Charlotte Ludwig, Cleveland, and Miss Charlotte Strasser, Peru, Ind.

Another interesting feature of the program will be the luncheon and dinner meetings. Practically every state in the conference will have either a luncheon or a dinner, the primary object of these being to get acquainted with one another. There will also be special luncheons for sanatorium representatives, health officers, secretaries of tuberculosis associations and other groups.

What promises to be one of the most valuable sessions of the Conference will be held on the afternoon of October 4. This session will be devoted to a symposium on Rural Problems. Dr. J. W. Pettit of Ottawa, Ill., will be the presiding officer and Mrs. E. P. Wanzer of Armour, S. D., the secretary. Among the subjects to be taken up are "Existence of the Rural Problem"; "What Sort of Machinery Is Needed to Handle It?"; "Securing and Training Physicians for Rural Work"; "Securing and Training Nurses for Rural Work"; and "How May We Use the Smith-Lever Fund in the Mississippi Valley?" Among the speakers to take part in this session are Dr. W. F. King, Indianapolis; Dr. J. E. Whittenborg, Louisville; Miss Charlotte Van Dusor, Grand Rapids, Mich.; Dr. Walter McMiller, Columbia, Mo; Dr. Alfred Henry, Indianapolis; Dr. Walter J. Marcley, Minneapolis; Miss Helene Stewart, Columbus, O.; and Miss Charlotte Strasser, Peru, Ind.

Another session of unusual interest will be the one devoted to Educational Campaigns in Tuberculosis Prevention. An effort has been made in this session to bring out practically every kind of educational method that has been found successful in tuberculosis, and to have it presented in a brief, snappy talk, by an expert. The subjects to be presented are as follows: "Newspaper Publicity"; "How May We Use the Movies"; "Exhibits"; "How Schools and Colleges May Help"; "What Boards of Education May Do";

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Pamphlets for Free Distribution

In order that anti-tuberculosis workers may have a ready-reference file of the various pamphlets which the National Association has for free distribution a list of such literature is printed below. When writing to the executive office for any pamphlets please give the file number as shown in the list.

I. HISTORICAL DATA ON CAMPAIGN, INCLUDING STATISTICAL MATERIAL.

1. Report of the Executive Office for 1914.
2. Report of the Executive Office for 1915.
3. Address of the President, 1915 meeting.
4. Misleading Mortality Statistics (Jacobs).
6. Prudential Mortality Charts.
76. What has been learned about tuberculosis since the International Congress, 1908.

II. EDUCATIONAL METHODS.

8. Report of Committee on Literature and Red Cross Seals of the National Conference of Tuberculosis Secretaries.
9. Report of Committee on Exhibits of the National Conference of Tuberculosis Secretaries.
10. The Chicago Tuberculosis Exhibit.
11. "Hope"—A Red Cross Seal Story.
12. Lantern Slide List.
14. Suggestions for Red Cross Seal Agents.
72. Pictorial Banner of the New York State Dept. of Health.
77. David and the Good Health Elves.
78. Handbook of Help for Persons Suffering from Tuberculosis (N. Y. C. Health Department).
81. The White Terror (Universal Film Co.)

III. SANATORIUM AND HOSPITAL CARE AND METHODS.

16. Work and Play for Patients (Carrington).
17. Subsequent History of Patients Discharged from Tuberculosis Sanatoria,
18. Restoration of Working Efficiency after Sanatorium Treatment (King).
19. Is Economic Problem of Sanatorium Graduate being Solved? (Huddlestom).
21. Admitting Patients to State Sanatoria (Barnes).
22. Site and Construction of County Hospitals — Sanatoria (Carrington).
23. The Sanatorium Milk Supply (Carrington).
24. Report of Committee on Clinical Nomenclature.
25. Methods of Housing Tuberculous Insane (Carrington).
26. Hospitals for Advanced Cases of Tuberculosis.
27. County Tuberculosis Hospital (Moree).

IV. DISPENSARY METHODS AND PROBLEMS.

30. Dispensary Control of Tuberculosis.

V. NURSING METHODS AND PROBLEMS.

31. Social Service Nurse (Miller).
32. Nurses' Papers on Tuberculosis (Chicago Mun. San.).
34. Chief Points in Field Nurses' Care of Advanced Cases (Foley).
35. Standards in Visiting Nurse Work (Frankel).

VI. ASSOCIATION METHODS AND PROBLEMS.

36. The National Conference of Tuberculosis Secretaries (1913).
37. After-Care of Local Committees (Folks).
38. Present Status of the Tuberculosis Work in Cleveland (Bishop).
40. Duties and Opportunities of Private Association (Symposium).
41. Present Condition of Public Health Organization in the United States (Gunn).

VII. STATE, COUNTY AND MUNICIPAL PROBLEMS.

42. State and Its Civic Sub-divisions in the Tuberculosis Campaign (Symposium).
38. Present Status of the Tuberculosis Work in Cleveland (Bishop).
27. County Tuberculosis Hospital (Moree).
44. Municipal Anti-Tuberculosis Work in Boston (Locke).
45. Compulsory Notification and Registration (Symposium).

VIII. SCHOOLS AND CHILD PROBLEMS.

48. Prenatal and Early Childhood Problems (White).
49. School Child Problems (Mann).
50. Child Welfare in Relation to Tuberculosis (Symposium).
51. Infectiousness of Tuberculosis (Biggs).
52. Open-Air Pavilions for Housing Tuberculous Children (Carrington).
53. Catechism on Public Health (Va. Health Bulletin).
54. What you Should Know About Tuberculosis (Mann).
55. Clinical Study of 228 Children (Manning & Knott).
79. Program for Promotion of Physical Welfare of Children (Kingsley).

IX. TUBERCULOSIS CAMPAIGN IN RELATION TO OTHER PUBLIC HEALTH MOVEMENTS.

56. Housing in Relation to Tuberculosis (Symposium).
41. Present Condition of Public Health Organization in the United States (Gunn).
50. Child Welfare in Relation to Tuberculosis (Symposium).

X. FAKE CURES AND QUESTIONABLE ORGANIZATIONS.

59. Consumption Cure Fakes (A. M. A.).
61. Fake Consumption Cures (Jacobs).

XI. INFECTION AND DISINFECTION.

51. The Infectiousness of Tuberculosis. (Biggs).
67. Problem of Infection in Tuberculous Families (Hawes).
68. Bovine Tuberculosis (International Committee Report).
48. Prenatal and Early Childhood Problems (White).

XII. TUBERCULOSIS AND INDUSTRY

69. Medical Examination of Employees (Symposium).
70. Health Aspects of the Clothing Industry (Landis and Reed).
82. Periodic Medical Examination.

XIII. MISCELLANEOUS.

71. Does the General Practitioner Use the Means at His Disposal for Diagnosis of Early Pulmonary Tuberculosis (Ford).
74. Some Talking Points About Tuberculosis (Lecture Outline).
101. Directions for Living and Sleeping in the Open Air (Carrington).
106. What You Should Know About Tuberculosis (Standard Pamphlet).

Five Sectional Conferences

(*Continued from page 1*)

"The Power of the County School Superintendent"; "Chapters on Tuberculosis in Text Books"; "What the Medical College Can Do"; "What Nurses' Training Schools Can Do," and "Open Air Windows in All Schools." The presiding officer at this session is Dr. J. N. Hurty, Indianapolis, and the secretary, Dr. J. L. Everhardy, Leavenworth, Kan. Among the speakers at this session will be A. W. Jones, Jr., St. Louis; Dr. H. E. Dearholt, Milwaukee; Mrs. K. R. J. Edholm, Omaha; Theodore J. Wehrle, Milwaukee; Dr. J. W. Kime, Fort Dodge, Ia.; Sherman C. Kingsley, Chicago; Paul L. Benjamin, Minneapolis; Dr. H. K. Dunham, Cincinnati; Miss Helen S. Hartley, Des Moines; and Dr. James Stewart, St. Louis.

Two other sessions on Legislative Programs and Statistics will be of value to all those who attend the conference. At the former session, papers on Local Legislation will be presented by Dr. Robinson Bosworth of St. Paul, and on State Legislation by Dr. H. M. Bracken of St. Paul. The session on Statistics will take up the subjects "What Are Statistics?"; "How May We Get Statistics?"; "Why Should We Have Compulsory Reporting of Tuberculosis Cases?"; and "The Work of the Physician in Gathering Statistics." Among the speakers will be Dr. J. N. Hurty, Indianapolis; Dr. William De Kleine, Lansing; and Dr. C. H. Schutt, St. Louis.

The States represented in the Mississippi Valley Conference are North and South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri, Arkansas, Wisconsin, Illinois, Indiana, Michigan, Ohio and Kentucky. The conference is controlled by a central council, consisting of the following: President, Walter D. Thurber, Chicago; Vice-President, Courtenay Dinwiddie, Cincinnati; Secretary-Treasurer, Dr. Dunning S. Wilson, Valley Station, Ky.; Dr. Ethan A. Gray, Chicago; A. W. Jones, Jr., St. Louis; Dr. Walter J. Marcley, Minneapolis; and Miss Carol F. Walton, Ann Arbor, Mich.

North Atlantic Conference

Two of the distinctive features of the program for the North Atlantic Conference will be an evening session on Health Insurance and a symposium on Home Treatment. Because of the timely nature of both of these subjects and the prominence of the speakers selected, an unusually large attendance is anticipated. The program on Health Insurance will discuss this subject from three points of view, those of the employer, the workingman and the physician. It is hoped to have men of such prominence as John Mitchell, Hon. Edmond Osborne and Dr. Alexander Lambert present these features of the program. Dr. John B. Andrews will summarize the discussion. Music, motion-pictures, and health playlets will add to the interest of the program.

The symposium on home treatment is so arranged that the three most distinctive experiments in this field will be brought out by experts prominently associated with each one. Thus, for example, Mr. Bailey B. Burritt of the New York Association for Improving the Conditions of the Poor will speak on the work of the Home Hospital; Mr. Fred M. Stein, chairman of the Committee for the Care of Jewish Tuberculous, will speak on their work in home treatment; and Miss Alice M. Clements, for years associated with Bellevue Hospital Tuberculosis Class, will speak on that interesting experiment and its later development into a settlement house for tuberculous girls.

Another session of particular interest will be devoted to the subject of After Care of Tuberculosis Patients. The work being done in this line by the Pennsylvania State Board of Health will be presented by Dr. Carl Schaeffle of Harrisburg. It is hoped that Dr. H. R. M. Landis of the Henry Phipps Institute, Philadelphia, will be able to present the extremely vexing subject of "Employment for Arrested Cases."

Round-tables will be conducted on Educational Methods by Frank H. Mann of New York; on Institutional Methods by Dr. Walter Rathbun of Otisville Sanatorium; on Dispensary Methods by Miss F. Elizabeth Crowell of New York; on Nursing Methods by Miss Ella Phillips Crandall of New York; and on Campaigning in Rural Districts, by Robert C. Powell of Baltimore. In addition there will be a special round-table on the "Infectiousness of Tuberculosis" for physicians and health officers, conducted by Dr. Edward R. Baldwin, president of The National Association for the Study and Prevention of Tuberculosis. At this round-table Dr. Baldwin will make a brief presentation of the data available on the subject of infectiousness, and will then call for informal discussions based on actual case experience. This session will be under the joint auspices of the National Association and the Essex County Medical Society.

The North Atlantic conference embraces the states of New York, Pennsylvania, Maryland, Delaware, Virginia, West Virginia and District of Columbia.

The officers of the conference are: President, Dr. John H. Pryor, Buffalo; Vice-Presidents, Dr. S. Adolphus Knopf, New York; Dr. William Charles White, Pittsburgh; Dr. Louis V. Hamman, Baltimore; Miss Emily P. Bissell, Wilmington, Dr. G. K. Dickinson, Jersey City; Dr. Rupert Blue, Washington; Capt. W. W. Baker, Hallsboro, Va.; Dr. Harriet B. Jones, Glendale, West Va.; and Secretary, Ernest D. Easton, Newark.

New England Conference

The New England Conference will feature some of the same essential ideas as those to be brought out at the North Atlantic Conference, namely, Health Insurance and Home Treatment. It is expected that the program on Health Insurance will have men of such prominence as John Mitchell, New York; Hon. Frank W. Cheney, Hartford; Dr. Richard C. Cabot, Boston; and Professor Irving Fisher, New Haven.

The program on experiments in Home Treatment will be arranged similarly to that of the North Atlantic Conference. Bailey B. Burritt will also speak at this conference on the home hospital, and a representative of the Jewish Committee in New York will present the work of that organization. Dr. Joseph J. Pratt, the founder of the tuberculosis class movement in the United States, will discuss this topic.

A special session on Housing in Relation to Tuberculosis will bring out speakers of prominence, including Lawrence Veiller, secretary of the National Housing Association, and Seymour H. Stone of Boston.

There will also be a series of round-tables as in the North Atlantic Conference, one on Educational Methods being conducted by Frederick D. Hopkins, New York; on Institutional Methods by Dr. Harry Lee Barnes, Wallum Lake, R. I.; on Dispensary Methods by Dr. Eugene R. Kelley, Boston; on Campaigning in Rural Districts by Dr. H. A. Ladd, Burlington, Vt.; and on Employees' Tuberculosis Relief Associations by Charles C. Currie, New Haven. There will also be a round-table for health officers to be conducted by an expert in this particular line.

The New England conference embraces the states of Maine, New Hampshire, Vermont, Massachusetts, Rhode Island and Connecticut. The officers of the conference are: President, Hon. Redfield Proctor, Proctor, Vt.; Vice-Presidents, Mrs. S. R. Prentis, Bangor, Me.; Rev. Thomas Chalmers, Manchester, N. H.; Charles F. Dalton, Burlington, Vt.; Dr. Arthur K. Stone, Boston; Charles F. Booker, Ansonia, Conn; Dr. Jay Perkins, Providence; and Secretary, Dr. F. B. Standish, New Haven.

Albuquerque Conference

Three features of distinct merit have been planned for the Albuquerque Conference, which will embrace the Southwestern States. A medical session will be held on the morning of October 12 under the joint auspices of the National Association and the New Mexico State Medical Society. The two subjects to be discussed will be, "The Infectiousness of Tuberculosis," with the leading paper to be presented by Dr. Gerald B. Webb of Colorado Springs; and "The X-Ray in Tuberculosis," with the leading paper to be presented by Dr. Edward H. Skinner of Kansas City, Mo. This session is primarily for physicians and will be of unusual significance.

Probably the most important session, however, of the conference will be the symposium on Thursday afternoon on "The Problem of the Indigent Migratory Consumptive." The program has been arranged so that constructive suggestions as to the solution of the problem of the indigent migratory consumptive will be presented by people who have given this subject the most careful consideration. Miss Edythe L. M. Tate, of the California State Board of Health, will discuss Federal Control and the Kent Bill as a Solution of the Problem; Miss Gertrude Vaille of Denver will discuss Uniform Settlement Laws as a Partial Solution of the Problem; and Dr. Livingston Farrand, for ten years the Executive Secretary of the National Association, and now president of the University of Colorado, will present the subject, Education of Physicians and Laymen as a Solution of this Problem. With the present agitation all over the United States on account of the Kent Bill, this particular discussion in the Southwestern States promises to be unusally significant.

A popular evening meeting has been arranged for Thursday as another special feature of the conference. There will be

three addresses on "A State Equipped to Fight Tuberculosis" by Dr. Livingston Farrand; "The Patent Medicine Evil" by Dr. Philip King Brown of San Francisco; and "What You Owe to the Tuberculosis Campaign" by a physician of prominence. There will also be music and motion pictures at this meeting.

On Friday morning there will be a two-hour session on Community Control of Tuberculosis with twelve-minute talks on different factors in community control, including Education, the Nurse, the Dispensary, the Hospital, the Open Air School, and the Health Department. Each subject will be presented by an expert in his particular line.

There will also be two round-table discussions on Educational Methods, conducted by Philip P. Jacobs of the executive office of the National Association; and Institutional Methods by Dr. A. M. Forster, superintendent of the Cragmor Sanatorium, Colorado Springs.

The Albuquerque conference embraces the states of Colorado, Utah, Nevada, Texas, New Mexico, Arizona, California, and Oklahoma. The officers of the conference are: President, Dr. Livingston Farrand, Boulder, Colo.; Vice-Presidents, Dr. Gerald B. Webb, Colorado Springs; Dr. T. B. Beatty, Salt Lake City; Dr. R. H. Mullin, Reno; Mrs. O. B. Colquitt, Austin; Col. G. E. Bushnell, Fort Bayard, N. M.; Dr. John W. Flinn, Prescott; Dr. W. Jarvis Barlow, Los Angeles; Dr. J. C. Mahr, Oklahoma City; and Secretary, Dr. LeRoy S. Peters, Albuquerque.

Southern Conference

The program for the Southern conference has been arranged with particular reference to the needs of the Southern States. It will deal very largely with problems of that section of the country.

There will be a medical session on the morning of October 30, with two papers on the "Infectiousness of Tuberculosis," and "The Health Officer in the Tuberculosis Campaign." Each of these topics will be presented by an expert. On Monday afternoon there will be a general session on The Nurse in Tuberculosis Work, the discussion to be opened by a paper from Miss Chloe Jackson of Atlanta. There will be two round-table discussions following this session, on "Campaigning in Country Communities," led by Mr. James P. Faulkner of Atlanta, and "What Southern Cities are Doing in Tuberculosis Work," led by Mr. J. P. Kranz of Memphis.

The evening session will be of a popular nature. There will be three addresses by prominent speakers. Miss Kate Gordon, widely known through the Southern cities and particularly in her home State of Louisiana, will present the subject, "The Citizen's Responsibility in the Tuberculosis Fight." Dr. Charles J. Hatfield, Executive Secretary of the National Association, will speak on "A State Equipped to Fight Tuberculosis"; Dr. Oscar Dowling, chairman of the Louisiana State Board of Health, will speak on the "Patent Medicine Evil." The local committee of Jackson have arranged for special music, health plays and motion pictures in connection with this meeting.

A session of unusual interest will be held on the morning of October 31, at which time Mr. J. P. Faulkner of Atlanta will demonstrate with an actual group of children from the Jackson Schools how to teach school children about tuberculosis. Mr. Faulkner has had wide experience and especial success in this particular line. This session will be followed by two round-tables on Educational Methods, conducted by Dr. George Eaves, Birmingham, Ala., and the Tuberculous Negro, at which it is hoped that Dr. W. F. Brunner, the health officer of Savannah, Ga., will preside.

The Southern Conference embraces the following states: Alabama, Tennessee, North Carolina, South Carolina, Georgia, Florida, Mississippi and Louisiana. The officers of the conference are: President, Rev. Dr. George Eaves, Birmingham; Vice-Presidents, James P. Kranz, Memphis; Dr. W. S. Rankin, Raleigh, N. C.; Dr. John L. Dawson, Charleston, S. C.; Mr. Hugh M. Willett, Atlanta; Dr. Louis A. Bize, Tampa; Dr. John T. McCall, Mobile; Dr. W. S. Leathers, Jackson; Mrs. Meyer Benson, Shreveport, La.; and Secretary, Mrs. Robert S. Phifer, Jackson.

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Red Cross Seals will be featured at all of the conferences. A special luncheon devoted to this subject will be held at the North Atlantic, the New England, the Southern and Albuquerque Conferences.

There is no membership nor registration fee in connection with any of these conferences. Anti-tuberculosis workers and any one else interested in the public health movement are urged to attend the conference nearest to them or the one which it is most convenient to attend. Any one wishing a more detailed program of the conferences can secure it on application to the office of The National Association for the Study and Prevention of Tuberculosis, 105 East 22nd Street, New York City.

Red Cross Seals for Distribution

Practical Helps for the Campaign

One hundred million more seals have been provided this year than last, but the greatly increased orders from almost all the State agents seem to indicate that no seals will be left over undistributed. Shipments are now being made. It is important that every local agent let his State agent know promptly the number of seals in liberal measure he will wish to put on sale as far as he can forecast the total. If the State agent has not ordered enough, it may now be possible to secure more; but under the conditions of the paper and ink market, it will very soon be too late to have more seals printed.

Guide-Book for Agents

The Circulars A, B, and C describing the best metods of selling seals and developing the educational features of the campaign will be distributed by the National Association this month. Circular A is adapted especially for the general agent in State, county and city with agents under him. Circular B is written primarily for the local agent. The agent for every place except of the sparsest population, and every one who is ambitious to make his sale count for the most should study B. Everyone who has A will need B also, but not vice versa. Circular B describes the mail-sale method, with practical directions and a model letter. (A special circular on the mail sale, giving more minute particulars, will also be published in a limited quantity.) Circular C gives explanations and instructions in brief for the agents whose territories have least inhabitants and agents who will devote very little time to the work. It is well adapted for agents who receive seals under the mail-sale method without having sent in an order for seals.

Publicity

The importance of publicity in the seals campaign is now more fully realized than ever before, and this Fall more aids to publicity are being provided. In Circular B will be found short practical rules for preparing acceptable news stories for the papers.

Cuts

A new set of fine advertising cuts with three drawings from photographs and sales making reading-matter relating to several branches of anti-tuberculosis work will be supplied as last year at lowest cost. The column and half-column square cuts of the seals are furnished free. The National Association will send out frequent news-bulletins for the papers and will supply agents with a series of Christmas Seal stories, a matrix-feature story and boiler-plate matter as in 1915.

Films

A special new Red Cross Seal film will be produced this Fall. The "first release" restrictions limit the number of cities which can secure this before Christmas, but with the variety of excellent films supplied directly through the National Association, and through film companies local agents in every State can secure this form of help for their seals campaign.

See the Bulletin for July for description of the lantern slides, the Wreath and For-Sale-Here Cards, Enclosure Slips, Blotters, Follow-up and Acknowledgment Cards for Mail Sale Letters.

The Red Cross Seal letter-heads in two colors are still procurable from the large stock of paper bought up by the National Association in order to give seals agents the benefit of lowest prices. Local agent should promptly write us stating the number of letter-heads desired and the local address to be imprinted. (Imprints of less than 1,000 sheets are to be made by your local printer.) Samples and prices will be sent on request.

Competition

The National Competition for Red Cross Seal Pennants will be conducted this year under the same plan of classification of competitors according to populations as last year. There will be both the Inter-City and the Inter-State Competition. The winners in the 1915 Competition are listed in another column of this Bulletin. The 1916 edition of Honors and Pennants will soon be distributed by the National Association. An increased

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The National Free Tubercular Sanatorium Association

So many inquiries have been coming lately to The National Association for the Study and Prevention of Tuberculosis from all quarters, chiefly from anti-tuberculosis associations and State boards of health with reference to the National Free Tubercular Sanatorium Association, that a preliminary statement with regard to this organization is being published in this number of the Bulletin.

The National Free Tubercular Sanatorium Association appears to be an outgrowth or later development of the National Tubercular Sanitarium Association of San Antonio, Texas. The present organization has its headquarters at Alamogordo, New Mexico. The National Tubercular Sanitarium Association of San Antonio was originally chartered under the Laws of Texas on September 30, 1914, as the National Masonic Tubercular Sanatorium. Its object was, according to its charter, to provide a tuberculosis sanatorium near San Antonio for Masons who were afflicted with tuberculosis. The Grand Lodge of Texas ruled in December, 1914, that the use of the word "Masonic" by a corporation such as this was not justifiable and the corporation was compelled to drop the word and in December, 1914, re-incorporated under the name given above, the National Tubercular Sanitarium Association of San Antonio. According to a printed statement of this organization issued in December, 1915, the officers of the organization were as follows: President, C. A. Soule; Vice-President, Conn L. Milburn; Secretary, Luther I. Powell; Treasurer, H. W. Hamilton; Business Manager, C. S. Goodwin, and General Counsel, A. W. Houston.

During the early period of its operations, this organization had secured a certain amount of support from members of the Chamber of Commerce of San Antonio and from other prominent business men of that city. Most of this support, according to copies of letters on file in the office of The National Association for the Study and Prevention of Tuberculosis, was secured on the strength of statements made by the original promoters of the organization that the institution was to be "Masonic" in character and to be exclusively for Masons. After the Grand Lodge had disavowed the use of the word "Masonic," the support of the San Antonio people waned and later changed to practical antagonism to the extent that a theatrical benefit which was planned for the organization in January was eventually called off, due to the hostile attitude of the Chamber of Commerce. As a result of this action, the secretary of the National Tubercular Sanitarium Association, Luther I. Powell, requested the Chamber of Commerce of San Antonio to reimburse them for the loss which it had sustained, amounting to something like Five Thousand Dollars and stated that if this were not done the Association would move its headquarters to some New Mexico city. The National Association for the Study and Prevention of Tuberculosis is not in position to state whether the promoters of this organization were reimbursed by the San Antonio Chamber of Commerce or not.

In any case, the two original promoters of the San Antonio organization, Mr. Luther I. Powell and Mr. C. S. Goodwin, appear to have interested the Alamogordo Commercial Club and people in Alamogordo in a revised form of the original association, and within the last few months announcements have been circulated extensively throughout the country relative to a new association called the National Free Tubercular Sanatorium Association. The officers of this organization are as follows: President, C. F. Pearce; Vice-President, C. S. Goodwin; Secretary, L. I. Powell, and Treasurer, Geo. H. Healy. It will be noted that Messrs. Goodwin and Powell appear in official capacity in the organization, the same as they did in the one at San Antonio.

According to a letter from Mr. Powell, on file in the office of The National Association for the Study and Prevention of Tuberculosis, The National Tubercular Sanitarium Association of San Antonio on January 20, 1915, had received subscriptions "in the neighborhood of $4500." How much of this money had actually been paid cannot be ascertained. What was done with it is another matter which cannot be ascertained. One thing is sure, that no sanatorium did develop at San Antonio, although the promoters claimed in a letter to The National Association for the Study and Prevention of Tuberculosis that they had purchased a site near that city. It later developed that they had secured an option upon the site, and they claimed to the Chamber of Commerce that they were obliged to pay $1500 to retain their option.

The San Antonio organization raised this money by advertising in the newspapers, by circular letters and by having agents travel through Texas and elsewhere selling so-called "peace stamps." According to the statement of Mr. Powell, the money was raised largely on a commission basis, the solicitors receiving "twenty-five per cent. on the smaller amounts and as low as one and a half per cent. on the larger amounts."

As to the present organization, it also appears to be receiving its money by solicitors and by advertising. Apparently a newspaper advertising campaign is being carried on among the smaller newspapers of the country. Letters are being circulated to prominent medical men and members of boards of health asking them to serve on the National Medical Board of the National Free Tubercular Sanatorium Association. According to a letter head used on a letter dated August 31st, 1916, the four members of the National Medical Board consisted at that time of the presidents of the California, Wyoming, Texas, and Nevada State Boards of Health. In this same letter, written to a firm interested in a tuberculosis specialty, an advertisement is solicited for a booklet on tuberculosis which it is planned to circulate throughout the country. The booklet, it is stated, is to be written by "C. F. Pearce, A.M., B.D.", the president of the association. The statement does not say that C. F. Pearce is not a physician. It appears, however, that he is a minister.

As to the need for such an institution, the prospectus and advertising matter which the promoters are sending out, claims that the institution will be free for tuberculosis patients from any part of the United States and that there is great need for such an institution. Those who have followed the career of large national charitable institutions such as those at Denver will testify that the value of such institutions is, on the whole, as preventive measures in the National campaign for the prevention of tuberculosis, doubtful and that, furthermore, they tend to attract the indigent, migratory consumptive and to aggravate the problem of this class of cases, which is just now vexing the entire Southwest and is receiving consideration at the hands of the United States Congress.

The National Association for the Study and Prevention of Tuberculosis believes that there is no necessity for a national organization of this character, and that the proposed institution will not meet any real need. The organization is in no way affiliated with The National Association for the Study and Prevention of Tuberculosis, and has not received any endorsement from the latter Association.

Should it seem necessary, a further more detailed statement will be issued in a later number of the Bulletin.

RED CROSS SEALS

(*Continued from page 4*)

number of State associations will this Fall offer pennants for the winners among the cities and villages within their borders, under the same classification. Thus every community in such States will have double chance to win a pennant. As an additional and new recognition, the National Association will issue a certificate of honor for each local agent in charge of a territory in every State where the sale in 1916 reaches the "Standard of Five,"—five seals for each inhabitant.

Modern Health Crusaders

This movement, started last Fall in the most informal way, developed beyond all expectations. Fifty thousand Crusader's certificate cards were required and 30,000 medal-pins. A special circular on the Modern Health Crusaders, with explanations and suggestions will be published by the National Association as an aid to the 1916 campaign. Local Leagues may be formed with officers and a specific program or Crusaders may be merely enrolled for their help in the seals sale and for agreeing to try to live up to the simple undertakings printed on the Crusader's certificate card. Both these enrolment cards and the pins will have an improved appearance over last year.

The Crusader's pin has the shape of a knight's shield. It is emblazoned with a double Red Cross in hard enamel set in a field of oxidized silver. The certificate card is intended for the child who sells or buys 10 seals. The celluloid button carrying the seal design is the recognition for the sale of 25 seals. The shield-pin is issued to the holder of a certificate card who has sold 100 seals, and this same pin in gold plate may be given as the badge of highest rank after the sale of 500 seals. On account of the large quantities manufactured all these insignia may be secured at remarkably low cost.

Medical Notes, Abstracts and Reviews

The object of this monthly department of the "Bulletin" is to put physicians in easy touch with medical and scientific literature, both American and foreign, including magazine articles, books, reports, etc., that bear directly or indirectly upon the treatment and prevention of tuberculosis. This is not a department for news and editorial comment. Its function is rather that of a catalogue or a librarian. Any material for this department of the "Bulletin" should be sent to Dr. George Mannheimer, 41 West 51st Street, New York, who has been chosen medical editor.

Readers of the "Bulletin" who wish to have copies of the publication sent to physicians working in dispensaries, sanatoria, laboratories, and in other forms of tuberculosis activities, who are not now receiving it, should send in such lists of names to the National Association. The "Bulletin" is sent free to those who are engaged in anti-tuberculosis work.

Strains of Tb. Bacilli from Sputum.—These investigations for the Medical Research Committee consisted in an analysis of 212 sputa of phthisical patients. Of the 212 strains, 205 were of the standard human type; four were of an atypical human type and three were of the standard bovine type. The bacteriological characteristics of the atypical strains are described. On the clinical side the cases have not presented any unusual features. These atypical strains resembled the human type in their pathogenic effect on rabbits and guinea-pigs and in their mode of growth on serum and glycerine serum. Microscopically they exhibited very irregular morphology, there being many long, curved and beaded forms both in the sputum and in cultures. They differed from the standard human tubercle bacilli in the way they grew on agar, potato, and broth. On these media they were dysgonic and save from very minor differences on glycerine agar they have displayed characters which would entitle them to classification with bovine tubercle bacilli. The cultural features of three of the strains were practically identical. In making his cultures Griffiths used the simple method which he previously described of obtaining the cultures direct from sputum by means of antiformin. Further experience with this method has served to show that the use of high percentages of antiformin with short exposure possesses advantages over low percentages with long exposure.—*Investigations of Strains of Tubercle Bacilli Derived from Sputum, A. Stanley Griffith, The Lancet, April 1, 1916.*

Dusty Occupations.—V. C. Baker, New York, has investigated the influence of dusty occupations in the production of disease among the patients examined at the Cornell University dispensary. The diseases investigated were those observed in furriers, of whom there were 69 applying for treatment, mostly natives of Russia and Austria-Hungary. There were few hatters, and they are not considered in the statistics, though they are liable to injury from dust and from the use of mercuric nitrate. Most of the workers were young adults, only 12 being over 40 years old. The respiratory tract is most frequently involved. There were 9 patients with pulmonary Tb., 12 with chronic bronchitis, 10 with emphysema, and 2 with bronchial asthma. Of the latter two, one attributed his trouble to the anilin dyes used. The occupation of barber is not usually considered a dusty one, and but 110 were examined. Forty-five of them had respiratory disease and 31 alimentary disorders. The dust cannot be blamed for this, but the occupation causes fatigue from long standing on the the feet and thus interferes with normal alimentary processes. One hundred and thirty bakers were examined. The occupation has long been considered unsanitary, but has been much improved by regulation. The chief hazards are exposure to excessive heat and flour dust. Fifty-four showed signs of respiratory disease and 31 of alimentary disease. Seventeen had gastric disturbances, probably due to overindulgence in their own wares and to the more or less constant use of alcohol. In the manufacture of tobacco, cigars and cigarettes a certain amount of dust is produced—plenty in the work of the strippers and tobacco-handlers. In the manufacture of cigars few moist leaves are used, and the atmosphere contains fine particles of tobacco with its nicotin and volatile oil and other extraneous matters. Ninety-two of the workers examined were cigar-makers, 19 cigarette-makers and 14 tobacco-handlers. There were 38 patients with respiratory diseases, 30 with alimentary complaints, chiefly chronic gastritis and constipation, and 25 with nervous diseases, including headaches and neurasthenia. There was 1 patient with acute nicotin poisoning and 1 with tachycardia. Nineteen marble-workers were examined, 8 suffering from respiratory diseases. Most of the stone-cutting is done outdoors in large airy sheds, and pneumatic tools are used to a considerable extent nowadays. These tools stir up much dust, which is increased by the use of air pressure to keep the cutting surface clear. Of the 37 cases 12 suffered from respiratory diseases. Although only 1 case of chalicosis was recorded, a greater number would probably have been noted if other factors were studied as closely as physical signs. Thirty-six plasterers were examined, and the respiratory tracts were found largely involved. Admitting dust to be the important causative factor, Baker recommends the followinf preventive methods: In the fur trade one of the worst processes is beating. This should be done in a separate room with proper means of removing the dust from the atmosphere. It should not be allowed to accumulate. Sweeping should be done after hours with vacuum cleaner or dampened floors. Respirators should be worn wherever dust is prevalent. Among the barbers, hairs should not be allowed to remain on the floors, and ventilating fans and currents should be directed so as not to disturb them. Special care should be observed in bakeries against raising dust, and where there is dust, proper protectors to the nose and mouth should be used. The tobacco-workers should not allow scrap to accumulate, and the already mentioned methods of ventilating and sweeping should be employed. In marble work, stone-cutting and plastering, the fine material should be removed as soon as possible, and procedures involving dust production should be curtailed as much as possible. Respirators are called for where dust is unavoidable. Other general cautions in the dusty trades are instruction of the workers as to the risk, frequent physical examinations, fresh air and cleanliness in the home and the encouragement of exercise. The workroom should not be overcrowded or littered, and light and ventilation should be properly provided for. The high percentage of respiratory diseases in certain trades is due to the exposure to dust which prepares the lungs to receive infection.—*Dusty Occupations, V. C. Baker, Jour. A. M. A., May 6, 1916.*

105 cases of tbc. Meningitis.—Meyers of Boston reports 105 cases of tbc. meningitis. As to sex, they were equally divided. The ages varied between 5 months and 11 years, one-third being between 2 and 3 years and one half between 2 and 5 years. The greatest number occurred in January and March. Measles figured in the anamnesis more frequently than any other disease, while 38 of the cases had no previous infection. The average duration of the disease was 17 days. Lumbar puncture was done from one to several times to a single patient. It was found that the convulsions occur rarely in cases treated by lumbar puncture. The good effects of puncture are not due only to the relief of pressure, but also to the elimination of toxin. Considerable fluid was removed in some cases without any untoward effects. The spinal fluid is allowed to drain until it runs at the rate of from 10 to 12 drops per minute, and are withdrawn 20 to 30 cc., depending on the pressure. Increased pressure was found in 80% of the cases. Puncture was done once in 48 hours and the tubercle bacillus was found in 21.5% of cases. There was no relation between increased pressure in the cerebrospinal canal and the occurrence of convulsions, bulging fontanel or retraction of the head, while there was no disturbance of the reflexes in cases where there was no increase in pressure. The fluid was never turbid, usually absolutely clear. The cell count varied between 24 and 960, average 198. The cell count was greater the greater the leucocyte count in the blood. The small mononuclear cell predominated, ranging between 80 and 100%. A fibrin clot was found in 70% and positive globulin test in 50% of cases, the latter varying with the cell count, which is higher in early punctures than in subsequent ones. The blood count showed from 8,500 to 48,000 leucocytes; one-fourth showing a count of 10,000 to 15,000. Absence of eosinophils is considered unfavorable. Of those tested, 63% responded to the cutaneous tuberculin test. Exposure to Tb. was elicited in 25% of the histories; 30% had cough and lung involvement. In 71% the eye reflexes were abnormal, in 29% the pupils were equal and reacted normally to light; 30% showed normal patellar reflexes, and 21% absent reflexes; 21% a positive Babinski; 50% a positive Oppenheim. Ankle clonus was rarely present; Kernig's sign in 27% of the cases. 43% showed some sign of paralysis, with strabismus as the most frequent form; 70% some rigidity of the neck, and late in the disease a definite stiffness of the limbs. 39% of the patients gave a history of convulsions before entering the hospital, but puncture relieved or

prevented convulsions in the hospital. The subjective symptoms were drowsiness, indifference and irritability. In 85% the first symptom was vomiting which had no relation to food, and was never of the projectile type. Pain was a frequent symptom. The urine showed acetone in 18% of cases, and some had a slight trace of albumin. In about one half the cases there was a rise in temperature, pulse and respiration before death. Early in the disease the pulse was slow and irregular; later it became soft and rapid. In 64% there was a remission with a drop in pulse and temperature, which was no sign of improvement. A patient in coma may become bright and answer questions 24 to 36 hours before death. 42% of the cases showed terminal broncho-pneumonia. There was not a single recovery. The treatment tried was Sodium benzoate in large doses and inunctions of mercury. Large doses of hexamethylinamin were given, but no trace of formaldehyde was ever discovered in the spinal fluid.—*A Study of One Hundred and Five Cases of Tuberculous Meningitis, A. E. Meyers, Am. Jour. Dis. Child., May, 1915.*

Biological Methods in the Diagnosis of Tb.—Further attempts to study the value of biological methods in the diagnosis of Tb. led to the following conclusions:

The tuberculin of Besredka gives the best results for the complement deviation test. The reaction seems specific even though the test is positive in a certain number of clinically non-tbc. cases. In at least 87% of positive tests fixation was confirmed by the use of one or more preparations other than that of Besredka. Different samples of the tuberculin of Besredka, though apparently identical in the mode of their preparation, may differ among themselves in their specific value. The most striking variation is in the amount of lipins contained in tuberculin. It is necessary to free each sample of tuberculin of all its lipin fraction before using such tuberculin for the complement deviation test. The lipins may be extracted by fat solvents, but the easiest method was found to be that of separation of the protein fraction by precipitation. Precipitation of the antigenic fraction of tuberculin also offers the possibility of using a standard number of units of antigen and thus eliminating variations due to the quantitative differences in specific properties of different samples of tuberculin, without increasing the chance of obtaining lipotropic reactions.

It seems, however, that different samples of tuberculin may vary also quantitatively. The variation rests apparently on the fact of the existence of strain specificity in the antibody. The existence of strain specificity in Tb. may explain why the results obtained by different investigators in the complement deviation test for diagnosis of Tb. vary so much.

A comparison of the frequency of occurrence of the Weisz reaction and the complement fixation in different stages of the disease, suggests that negative serum findings in the face of the positive Weisz reaction may indicate an unfavorable prognosis.—*Further Studies of Biological Methods for the Diagnosis of Tuberculosis, J. Bronfenbrenner, M. H. Kahn, J. Rockman and M. Kahn, Archives of Int. Med., April 15, 1916.*

Hip-Joint Tb.—In acute Tb. of the hip-joint, correction of the deformity should, where possible, be attempted concurrently with endeavors to arrest the disease. Usually this can be accomplished by keeping the patient dorsally recumbent, immobile, and with the contracted muscles around the hip-joint stretched. The affected leg is first flexed until any existing lordosis has disappeared. The leg is then placed in such a position that the two anterior superior iliac spines should be in the same horizontal plane, and the imaginary line joining them should be at right angles to the long axis of the trunk. The patient is kept in this position by a spinal jacket or a Liston long splint applied to the healthy side. Extension is now applied to the affected femur in the direction in which it is pointing, sufficient to overcome the spasm. The deformity may be gradually corrected by readjusting the direction of the pull. The position of choice is one with the limb abducted and the leg slightly inverted. Endeavors should be made not only to reduce deformity, but, where possible, to secure a mobile and not a fixed joint. A celluloid splint after efficient treatment is often rewarded by the return of excellent movement.—

Some cases resist attempts at correction, and if left without local treatment, get further deformed. It is best to fix these joints in their faulty position for a prolonged period. When the disease is quiescent it will be found that in some cases some degree of mobility has returned. The deformity can now be corrected by the performance of tenotomy and the careful application of extension. The corrected position is maintained for a long time by means of a splint. In cases where bony ankylosis has taken place and the deformity is slight it may be better not to attempt further correction. If the deformity is extreme, tenotomy and subtrochanteric osteotomy will permit the leg to be brought straight and slightly abducted, and will leave the patient with a hip fixed in a corrected and safe position. *Crippled Tuberculous Children, H. J. Gauvain, British Jour. of Tb., April, 1916.*

The Immune Response in Tb.—In Tb. the antibody produced as a result of the immune response is a lysin, which combines with the tubercle bacillus in order to render the microorganism harmless. The product of the combination, however, is a toxic protein which may outweigh the beneficial effects of the protective mechanism. Tuberculin stimulates the immune response and in order to minimize the effects of the toxic by-product on the host, we must establish a tolerance to the poison on the part of the patient. This is accomplished by so balancing the amount of immune response with the amount of toxin it produces that we get the maximum amount of protection the immune response can afford, accompanied by the least amount of toxicity created through such action. A simple technic, such as is used at the New York Polyclinic, obviates dangerous reactions and lends itself to every form and grade of Tb.

Tuberculin should be employed and is of most benefit in early cases, and is of no avail after exhaustion has supervened. —*The Immune Response in Pulmonary Tuberculosis, E. Bonime, N. Y. Med. Jour., May 13, 1916.*

The Röntgenographic Diagnosis of Early Pulmonary Tb.—Many clinicians are not aware of the progress in the many fields of röntgenology. American workers hold a prominent place; to mention Case, Cole, Carman, George, Pfahler, Crane, Dunham, Hickey, and Caldwell in the United States means the omission of other excellent workers in this specialty. It is generally recognized that the X-ray is practically indispensable to give a definite picture of what is going on within the lung, to back up the clinical findings, and to help in the early dagnosis of Tb. For the past six years or more Kennon Dunham, of Cincinnati, has been devoting his energies to the study of the röntgenographic findings in pulmonary Tb., especially in its earliest stages. In 1911, the *Bulletin of the Johns Hopkins Hospital* contained papers on this subject by Dunham, Boardman, and Wolman. Dunham's ideas seemed so radical that acceptance of them was declined by many of his colleagues. Dunham did not permit this to dampen his ardor. He went ahead with his work, and his lastest standpoint is given to us in the *American Journal of Röntgenology* for March, 1916. In his "X-Ray Examination of the Chest for Pulmonary Tuberculosis," just issued in Kelly's well-known stereoclinic series, we may study the stereoröntgenographs reproducing various tbc. conditions of the chest. The discussion still going on in röntgenological circles should not prevent us from carefully considering Dunham's views, since they can no longer be ignored by the average clinician. We give the gist of Dunham's findings.

He declares that the treelike shadows seen in ordinary chest plates are made up of the artery, the bronchus, the vein, the lymphatics, and their connective tissue. The artery and bronchus proceed from the roots to the periphery of the lung, often so close together as to interweave or overlap, each of the structures being accompanied by its lymphatics. A larger vein follows each main bronchus, but is situated at a considerable distance from it when compared with the artery which very closely follows all the branchings of the bronchial tree. This is the normal condition.

Now, in pulmonary Tb., there are characteristic abnormal changes or densities of these linear markings or treelike shadows, which reach the periphery, are more or less fan-shaped with the apex toward the hilus, and are characterized by a lack of homogeneity, since each trunk has distinct and characteristic markings. Dunham believes these abnormal densities in the linear markings to be due to tubercles situated along the bronchial tree, the linear markings representing the branches of the larger bronchi and their vessels (which latter two structures form the trunks). The spread of Tb. thus seems to be along the main trunks or bronchi, the tubercles forming along this pathway, and, even when still quite small, breaking into the bronchi, which thus drain these minute cavities.

Dunham argues that although the early individual tubercles are too small to be seen röntgenographically, we can mark the results of their dissemination along the bronchial tree, extending in a fan-

shaped or cone-shaped fashion from hilus to pleura, increasing the density of the lung tissue in these regions, and so changing the normal linear markings that they are "blotted out by a cloud effect" or "obscured by mottling and studdings" or "a heavy density over the entire area penetrated by the markings from several trunks." In fact, the author insists that if stereoscopic chest plates are well taken, they will show tbc. disease when the clinician fails to secure signs of this condition by physical examination.

It is necessary to make a careful study of röntgenographs of normal lungs in order more easily to detect abnormal signs. It may be stated that although by the use of the röntgenograph little indistinct spots of increased density about the root of the lung can be detected before clinical examination determines their presence; still, according to some workers in this field, we cannot, in the present state of our knowledge, assert with positiveness that this means Tb. until the progress of the case definitely proves it.

The opponents of Dunham's interpretation of his findings assert that such spots may be due to inflammation of any sort, not necessarily of a tbc. nature. It is also necessary to prove that such findings indicate active and not inactive Tb. As already mentioned, one group of workers insists that we cannot or should not diagnose pulmonary Tb. until definite tubercles can be seen in the röntgenograph. Clinicians as well as röntgenologists have split into two camps on this issue. There is an increasing tendency, it seems, to accept Dunham's findings and his interpretations. At any rate, it is certain that before long the question will be fought out and settled one way or the other.

No matter what the ultimate decision may be in this matter, there is no question that Dunham has done truly wonderful, intensive work in his chosen field. One important point is that we should not fail to make the examination and study by the stereoscopic method. This is emphasized by all who have had experience in röntgenology of the chest. The history of the patient is most important to determine whether or not the process in the lungs, as discovered by X-ray, is active or inactive.—*Editorial, N. Y. Med. Jour., July 15, 1916.*

Tb. of the Foot.—The diagnosis of Tb. of the foot requires a considerable amount of care. According to Professor Kirmisson, writing in the *Medical Press*, May 31, 1916, the diagnosis of lesions of the tarsus and dorsum of the foot is based on two considerations: the nature of the osseous lesions and their distribution. The nature of the lesions is inferred from the clincal appearance, more particularly their pasty fungous consistency, and the discovery of enlarged glands. Tbc. osteitis of the knee and foot is almost always associated with enlarged glands in Scarpa's triangle. This is a very important point to bear in mind. Again it is essential, in order to gain a correct diagnosis, to recollect that there are forms of osteomyelitis which are chronic *ab origine*, while tbc. osteitis occasionally runs an acute course. Discovery of tbc. lesions elsewhere favors the diagnosis of Tb. of the foot.

Exact anatomical knowledge is necessary to insure accurate diagnosis. Tbc. lesions of the dorsum and tarsus are specially apt to occur in one or more of three spots, the tibiotarsal articulation, the posterior half of the tarsus, and the anterior half. In adults and in elderly persons all these joints may become involved simultaneously. In determining the exact seat of the mischief the site of the swelling must be taken into consideration. If the swelling is in the region of the malleoli, it is a case of malleolar osteitis involving the tibia or the fibula, as the case may be. If behind the malleoli it may be a case of synovitis, but the involvement is more common by far in adults than in children. Tb. displays a marked preference for the calcaneum. This seat is recognized by the swelling in the depressions on either side of the bone and ultimately by reddening of the skin and fluctuation.

As for therapy, in a general way tbc. disease of the foot and dorsum is amenable to treatment. It is apt to yield to conservative management, but if this fails it yields readily enough after operation. Kirmisson points out that when a patient comes with a foot in a faulty position, the first thing to do is to restore it to its normal relationship with the leg. Sometimes this can be done by mere reposition, but it may be necessary in certain cases to divide the tendo Achillis, after which the foot must be maintained in a proper position by means of a light plaster splint, leaving the lesions as far as possible uncovered. When the patient comes with abscess formation, the usual practice is to have recourse to deep impuncture, a method which is of veterinary origin, and has become safe and useful only since the introduction of asepsis and the thermocautery. In presence of suppuration the case must be dealt with as with an abscess of whatever origin, by puncture followed by the injection of iodoform ether. In more advanced cases tunnelization of the astragalus gives excellent results. Partial and total tarsectomy generally proves successful.—*Med. Record, June 24, 1916.*

Tb. Hospital Not a Nuisance.—The city of Northfield, N. J., attempted to enjoin Atlantic Co. from erecting a Tb. hospital. The ruling of the N. J. Court of Chancery, 95 Atl. 745, was based on the lack of evidence that the hospital would be a source of danger and on the general principle that mere interference with market value of adjoining property was not sufficient.

Tb. of Breast.—In the ten cases observed at the Mayo Clinic there were three in which no primary focus was clinically demonstrable; there were three associated with Tb. of the lungs, and three with no other clinical tbc. lesion other than Tb. of the axiliary lymphnodes, and one which was associated with a pleurocostal lesion. Only one of the ten patients was a male. The ages of the patients varied from 22 to 52. The left breast was affected six times, the right four times. The nipple was retracted in only two cases. Only one patient complained of severe pain. All but one, the man, had some pain. In only one case was the skin ulcerated; in two others it was slightly inflamed.—*Tuberculosis of Breast; Report of Ten Cases, L. Durante and W. C. MacCarty, Annals of Surgery, June, 1916.*

Bone and Joint Tb.—Silfverskiöld comments on the changes which the last three or four years have brought in our views on bone and joint Tb., and discusses the leading works that have appeared on the subject. Andvord, in Norway, and C. Riviere regard infection of children with bovine Tb. as almost a mild immunization process. Riviere's publication on the "protective rôle of the bovine bacillus" was hailed by Meissen of Essen as "not so paradoxic as it seems at first glance." The great danger from the tubercle bacillus is because it can find a firm foothold in the body without causing symptoms. As the focus can develop without causing much local irritation, the phagocytes are not attracted to the spot, and because of this negative or weak chemotaxis, especially in the secondary lesions, autoreinfection is the secret of the gravity of bone and joint Tb. Our present methods of treatment, immobilization and injection of iodoform, fail in so many cases because they act counter to Nature instead of imitating Nature's healing processes. The time is ripe for a complete revolution in our treatment of bone and joint Tb. In the first place every child should have the tuberculin skin test applied at regular intervals every few years. When a tbc. bone or joint lesion is suspected, some substance should be injected to induce chemotaxis. Even if the exact localization of the focus is not possible, chemotaxis induced in its immediate vicinity will act on it practically the same as if directly in it. The main point is to detect and act on the lesion while still in its incipient stage. Operative measures during the early stages are simple and harmless, while they do away with a constantly growing menace. He bores a passage into or close to the focus and tampons with iodoform gauze for a few days or until the vessels are plugged with thrombi, and granulation has begun. Then he scrapes out the focus and works into it a strip of gauze impregnated with turpentine ointment or 50 per cent. camphor-naphthol. This tampon is renewed every day until the focus is suppurating freely. After this the intervals can be lengthened until finally the cavity begins to fill up. His experience with treatment on these principles has been extremely favorable, and he thinks it is applicable also to the vertebral disease, although he has not happened to encounter any such cases in an early stage. He describes a technic, however, that he has worked out on eight cadavers and which seems to answer every purpose. The aim is to imitate Nature by mobilizing the defensive forces at the spot before the enemy is too well entrenched. As a destructive process always spreads along the line of least resistance, the pus and infectious matters escape through the opening made to introduce the chemotaxic substance. Among the 2,606 cases of bone and joint Tb. requiring institutional care in Sweden in 1913, there were forty-one helpless cripples from this cause. Recent figures from Prussia gave 11,300 children more or less crippled from the same. He suggests that the benefit from heliotherapy may be due to the action of the chemical rays on the leukocytes similar to their action on amebas, the ultraviolet rays repelling them, driving them inward, and rendering their ameboid movements and vital processes more active.—*Bone and Joint Tuberculosis from Modern Standpoint. (Nyare asikter om ben- och ledgangstuberkulosen.) P. Silfverskiöld, Hygiea, (Stockholm), No. 10, 1916.*